## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 1-15**, **2008.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424 Version 02					
* 1. Type of Submission:  Preapplication  Application  Changed/Corrected	d Application	2. Type of Application:  New Continuation Revision	• If Revision, select appropriate letter(s):  • Other (Specify)  PECEVED  2008		
* 3. Date Received: 10/01/2008		4. Applicant Identifier:	OCT 1 2006 OCT 1 2006 STATE CLEARING HOUSE		
Sa. Federal Enlity Identifier: *5b. Federal Award Identifier: STATE CLEARITIES HOS					
State Use Only:					
6. Date Received by State	e:	7. State Applicati	tion Identifier:		
8. APPLICANT INFORM	ATION:				
*a. Legal Name: Alas	ka Whale Fo	oundation			
* b. Employer/Taxpayer lo 91–1712495	dentification Nu	mber (EIN/TIN):	* c. Organizational DUNS: 603189173		
d. Address:					
* Street1: 94	0 Adams St.	Suite F			
Street2:					
	nicia				
County:					
* State:			CA: California		
* Country:			USA: UNITED STATES		
* Zip / Postal Code: 94	510-2950				
e. Organizational Unit:					
Department Name:			Division Name:		
			Disentanglement Team		
f. Name and contact in	formation of p	person to be contacted on	n matters involving this application:		
Prefix: Dr.		* First Na	lame: Sean		
Middle Name: F.					
* Last Name: Hanser					
Suffix:					
Title: Senior Resear	rcher				
Organizational Affiliation: Alaska Whale Foundation					
		0. <i>C</i>	Fac. Number: [707]746_6500		
* Telephone Number: (	The state of the s	80	Fax Number: (707)746-5599		
*Email: sfhanser@ucdavis.edu					

and in the Seat of Pangrahad Medical Action ....

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	18.
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.439	
CFDA Title:	
Marine Mammal Data Program	*
X42 Finally Construction	
* 12. Funding Opportunity Number: NMFS-PRPO-2009-2001461	
* Title:	
Prescott 2009	1
	V
13. Competition Identification Number:	
2119092 Titles	
Title:	* ]
	,
	wi .
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Northern and Central California counties of Monterey, Santa Cruz, San Mateo, Marin, Sonoma, Mendocino, Solano, Contra Costa, and Alameda.	
*15. Descriptive Title of Applicant's Project:	
Equipping the Central and Northern California W.E.T. Network for Responding to Large Whales in Distress	Ì
Attach supporting documents as specified in agency instructions.	
Add Attachments Defete Attachments View Attachments	

Application for Federal Assistance SF-424	Version 02							
16. Congressional Districts Of:								
*a. Applicant CA-007 *b. Program/Project CA-017								
Attach an additional list of Program/Project Congressional Districts if needed.								
Project Congressional Distri Add Attachment Delete Attachment View Attachment								
17. Proposed Project:								
* a. Start Date: 06/01/2009 * b. End Date: 12/01/2009								
18. Estimated Funding (\$):								
* a. Federal 39,729.00								
b. Applicant 0.00								
* c. Stale 0.00								
* d. Local 0.00								
* e. Other 14,000.00								
* f. Program Income 0.00								
* g. TOTAL 53,729.00								
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?								
a. This application was made available to the State under the Executive Order 12372 Process for review on								
b. Program is subject to E.O. 12372 but has not been selected by the State for review.								
c. Program is not covered by E.O. 12372.								
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)								
Yes X No Explanation								
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)								
X "I AGREE								
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.								
Authorized Representative:								
Prefix: Dr. * First Name: Sean								
Middle Name: F-								
*Last Name: Hanser								
Suffix:								
*Title: Senior Researcher								
* Telephone Number: (510) 6856186 Fax Number: (707) 746-5599								
*Email: sfhanser@ucdavis.edu								
* Signature of Authorized Representative: Sean Hanser * Date Signed: 10/01/2008								

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Ass	sistence SF-424			Version 02		
<ul> <li>1. Type of Submission:</li> <li>Preapplication</li> <li>Application</li> <li>Changed/Corrected Application</li> </ul>	<ul><li>2. Type of Application:</li><li>New</li><li>Continuation</li><li>Revision</li></ul>	* If Revision, select appropriate letter(s	): 			
- 3. Date Received:	4. Applicant Identifier:		RECEIVED			
10/01/2008						
5a. Federal Entity Identifier:	All the second s	* 5b. Federal Award Identifier:	OCT 1 2008			
			STATE CLEARING HOUSE			
State Use Only:			The second control of			
6. Date Received by State:	7. State Application	on Identifier:				
8. APPLICANT INFORMATION:						
a. Legal Name: Regents of the Un	Iversity of California, Los Ang	eles				
b. Employer/Taxpayer Identification	Number (EIN/TIN):	c. Organizational DUNS;				
959006143		092530369				
d. Address;				ar a di santa per <u>p</u> edi <del>ta di Santa</del>		
* Street1: Office of Contra	act and Grant Administration		The second secon			
Street2: 11000 Kinross	Avenue, Suite 102					
* City: Los Angeles						
County: Los Angeles Co	bunty					
* State: CA: California						
Province:						
Country: USA: UNITED	STATES					
* Zip / Postal Code: 90095		A4674	The Control of the Co	Colon 2 of March Colonia, Williams		
e. Organizational Unit:						
Department Name:		Division Name:				
Ecology & Evolutionary Biology		College of Letters and Science				
f. Name and contact information of	person to be contacted on	matters involving this application	I			
Prefix: Dr.	First Nan	ne: Jamee				
Middle Name:	A-10-10-10-10-10-10-10-10-10-10-10-10-10-					
Last Name: Lloyd-Smith						
Suffix: PhD						
Title: Assistant Professor						
Organizational Affiliation:						
Regenta of the University of California	a, Loe Angeles					
* Telephone Number: 310-825-1978		Fax Number:				
Email:   loydsmlth@ucla.edu						

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education	]
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	l
Type of the production of the	1
* Other (specify):	ı
* 10. Name of Federal Agency:	
National Marine Fisheriee Service	
11. Catalog of Federal Domestic Assistance Number:	The state of the s
11.439	
CFDA Title:	
Marine Mammal Data Program	
	and the second second
* 12. Funding Opportunity Number:	
NMF6-PRFO-2009-2001461	
* Title:	
Prescott 2009	
19. Competition Identification Number:	
2119092	
Title:	
	:
14. Areas Affected by Project (Cities, Counties, States, etc.):	
N/A	
15. Descriptive Title of Applicant's Project:	
Using stranding data to understand the population-wide dynamics of leptospirosis in California sea lions (Zalophus californianus)	
Attach supporting documente as specified in agency instructions.	
	wa wa sanana manan

Application	for Federal Assist	ance SF-424			Version 02	
16. Congressio	onal Districts Of:					
a. Applicant	CA-030		* b. F	Program/Project(CA-030		
Attach an addit	onal list of Program/Proje	ect Congressional Districts if nec	eded.			
17. Proposed I	Project:		-	্বিক কলিছে লগত জনসংখ্যাক কলিছেন্দ্ৰ প্ৰচাৰকাৰ প্ৰথম কৰিছেন্দ্ৰ কৰিছেন্দ্ৰ	The state of the s	
a. Start Date:	06/01/2009			* b. End Date: 05/30/2010		
16. Eatimated	Funding (\$):					
a. Federal		99,559.00				
* b. Applicant		38,920.00				
* c. State		_0.00				
d. Local		φ.00				
e. Other		Q.QQ				
f. Program Inc	ome	0.00				
g. TOTAL		139,479.00				
* 19. is Applica	tion Subject to Review	By State Under Executive Ord	er 12372 Process?			
a. This applications	ation was made available	e to the State under the Executi	ve Order 12372 Proc	ess for review on 10/01/2008 -		
O b. Program la	subject to E.O. 12372 b	ut has not been selected by the	State for review.			
O c. Program is	not covered by E.O. 123	372.				
555 Pc	9. <b>-</b>	ny Federal Debt? (If "Yes", pro	ovide explanation.)			
O Yes	● No		27.19.19.29	A 50(50) 00 00 00 00 00 00 00 00 00 00 00 00 0	A - 2	
herein are true, ply with any re-	complete and accurate suiting terms if I accept	to the best of my knowledge	, i also provide the i y false, fictitious, or	rtifications** and (2) that the etatements required sasurances** and agree to com- r fraudulent statements or claims may (001)		
⊻ "IAGREE						
The list of cen specific instruction		s, or an internet site where you	may obtain this list, is	s contained in the announcement or agency		
Authorized Rep	resentative:					
Prefix:		* First Name:	aren			
Middle Name:	D	******	]			
Last Name:	Marchant		440			
Suffix:						
Title: Grant	Analyst					
* Telephone Number: 310-794-0155 Fax Number:						
Email: zhu@research.ucia.edu						
Signature of AL	thorized Representative	Karan Marcharil	* Date Sign	ned:	Committee of the Agency And France	

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Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

2 /3 12:52:41 p.m. 10-01-2008 G.A.

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB	Applicant Identifier			
SF 424 (R&R)	3. DATE REC	3. DATE RECEIVED BY STATE		dentifler	
1. * TYPE OF SUBMISSION			. <u>                                    </u>		
Pre-application Application	4. Federal Ide	entifier		PARTING SETTING	
Changed/Corrected Application				DEOENTE	
5. APPLICANT INFORMATION		* Organizatio	nal DUNS: 067638957	NEUEIVEL	
* Legal Name: General Atomics				OCT 1 2008	
Department: Energy Group	Division:				
* Street1: 3550 General Atomics Court	Street2:			STATE CLEARING HOU	
* City: San Diego Cou	unty:		State: CA: Californ	Consideration of the Constitutive of the Constitution of the Const	
Province:	* Country: JNIT	ED S7 * ZIP / Postal Code	92121-1122	•	
Person to be contacted on matters involving this applica	ition	4.0000000			
Prefix: * First Name:	Middle Name:	_	* Last Name:	Suffix:	
Dr. Kenneth			Schultz		
* Phone Number: 858-455-4304 F	ax Number:		Email: ken.schultz@ga	at.com	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):	*	7. * TYPE OF APPLICAL	NT:	-	
95-3735103		Q: For-Pro	ofit Organization (Other than	Small Business)	
6. * TYPE OF APPLICATION: ✓ New		Other (Specify):			
	Revision	Women Owned	Small Business Organization	Type Économically Disadvantaged	
- I land			- "!	Economically Disadvantageo	
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL	. AGENCY:		
A. Increase Award B. Decrease Award C. Inc	crease Duration	Chicago Service Center			
D. Decrease Duration E. Other (specify)		10. CATALOG OF FEDE	RAL DOMESTIC ASSISTANCE	CE NUMBER:	
* Is this application being submitted to other agencies?	Yes No.	81.049			
What other Agencies?		TITLE: Office of Science	e Financial Assistance Progra	ım	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC	CT:				
Energy Frontier Research Center for Fundamental Rese	arch on Advance	ed Nuclear Fission and Fus	ion Materials		
12. * AREAS AFFECTED BY PROJECT (cities, counties	s, states, etc.)				
San Diego, CA; Berkeley, CA					
13. PROPOSED PROJECT:		14. CONGRESSIONAL	DISTRICTS OF:		
* Start Date	-	a. * Applicant CA-53	b. * Project CA-53		
			CA-33		
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: * First Name:	R CONTACT INFO Middle Name:		* Last Name:	Suffix:	
Dr. Kenneth	Wildle Name.		Schultz	Sumx.	
Position/Title: EFRC Director	* Organization	on Name: General Atomic	es .		
Department: Energy Group Division:					
Street1: 3550 General Atomics Court	Street2:				
City: San Diego Cou	inty:	<u> </u>	* State: CA: Californ		
	Country: JNIT	ED ST * ZIP / Postal Co			
-· · · · · · · · · · · · · · · · · · ·	x Number:		* Email: ken.schultz@ga		

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

G.A.

Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. * Total Estimated Project Funding b. * Total Federal & Non-Federal Funds c. * Estimated Program Income	24,998,166.00 24,998,166.00 0.00	a. YES 7 THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE: 10/01/2008
c. Estimated Program income	0.00	b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
true, complete and accurate to t resulting terms if I accept an aw criminal, civil, or administrative	the best of my knowledge. I a ard. I am aware that any false penalties. (U.S. Code, Title 1	ntained in the list of certifications* and (2) that the statements herein are also provide the required assurances * and agree to comply with any se, fictitious, or fraudulent statements or claims may subject me to 18, Section 1001)
19. Authorized Representative		
Prefix: * First Name:  Ms. Ramona	Middle Name:	e: * Last Name: Suffix:  Gompper
* Position/Title: Senior Contract Admi	nistrator * Organiz	
Department: Contracts and Purcha		
* Street1: 3550 General Atomics * City: San Diego	County:	* State: CA: Califor
Province:	* Country: JN	NITED ST * ZIP / Postal Code: 92121-1122
* Phone Number: 858-455-3057	Fax Number:	* Email: ramona.gompper@gat.com
* Signature of Author Completed on submi	to the state of th	Date Signed Completed on submission to Grants.gov
Completed on Salomi	ssion to Grants.gov	Completed on Submission to Grants.gov
20. Pre-application		Dolete Anabhir ent View Altachment
21. Attach an additional list of Proje		
districts ndf	Ade Machinent 1956	

OMB Number: 4040-0001 Expiration Date: 04/30/2008

APPLICATION FOR	,	2. DATE SUBMITTED		Applicant Ider	Version 7/03
1 EDEIGE AGGIGTARGE					
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	BTATE	State Applicat	tion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identi	lier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Ur	nit:	3.33
Foundation of California State U	niversity Monterey Bay		Department: School of Busines		
Organizational DUNS: 082412920			Division: College of Profess		
Address:			Name and teleph	one number of pe	rson to be contacted on matters
Street:	I RF	CENT	Involving this app Prefix:	First Name:	a code)
100 Campus Center	A Strange	CEIVED	Middle Name	Cynthla	
City: Séaside	00	CEIVED	Middle Name		
County: Monterey		2 72008	Last Name Lopez		
State: California	Zip Code STATE CL	EARING HOW	Suffix:		
Country: United States of America		HOUSE	Email: cindy_lopez@cst	ube.dmu	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		Phone Number (gi	ve area code)	Fax Number (give area code)
77-0387459			(831) 582-3089		(831) 582-3305
8. TYPE OF APPLICATION:	200	Alleria	7. TYPE OF APPL	ICANT: (See back	of form for Application Types)
以 Nev If Revision, enter appropriate lett		n Revision	x		
(See back of form for description	of letters.)		Other (specify)		ad 1615
Other (specify)			Non-profit auxiliary to a state-controlled IHE 9. NAME OF FEDERAL AGENCY:		
26. (3)			Economic Development Administration		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPLIC	CANT'S PROJECT:
TITLE (No. 1)		1 1-3 0 7			
TITLE (Name of Program): Economic Adjustment			Planning for the Institute for Innovation and Economic Development		
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties,	States, etc.):			
Monterey County					
13. PROPOSED PROJECT Start Date:	Ending Date:	•	14. CONGRESSIO a. Applicant	NAL DISTRICTS	DF:  b. Project
1/1/09	6/30/10		17		17
15. ESTIMATED FUNDING:			16. IS APPLICAT ORDER 12372 PR		REVIEW BY STATE EXECUTIVE
a. Federal \$		150,000	a. Yes. 🔀 THIS	PREAPPLICATIO	ON/APPLICATION WAS MADE
b. Applicant S		150,000		ESS FOR REVIEV	TATE EXECUTIVE ORDER 12372
c. State \$	-	.00	DATE	10/2/08	
d. Local \$		,00	b. No. F PROG	RAM IS NOT COV	/ERED BY E. O. 12372
e. Other \$		,00			OT BEEN SELECTED BY STATE
f. Program Income \$		,00		REVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TÖTAL \$		300,000	Yes If "Yes" at	tach an explanation	n. 🗷 No
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	EF, ALL DATA IN THIS . E GOVERNING BODY OF	APPLICATION/PRI	EAPPLICATION A	RE TRUE AND CORRECT. THE
a. Authorized Representative	THE ASSISTANCE IS A	WARDED.			
Prefix	First Name Cynthia		Mid E.	die Name	
Last Name Lopez			Suff	īx	
b. Title Director, Grants and Contracts/	* 48/		elephone Number 1-582-3089	(give area code)	
	J. Signature of Authorized Representatives				11/08
Previous Edition Usable Authorized for Local Reproductio	y was		$\swarrow$		Standard Form 424 (Rev.9-2003)

		Committee of the commit			
SF 424 (R&R)	2. DATE SUBMITTED 06/06/2008 3. DATE RECEIVED BY STATE		Арр	Applicant Identifier	
1. TYPE OF SUBMISSION			Stat	e Application Identifier	
○ Pre-application	4. Federal Identifie	Г			
5. APPLICANT INFORMATION				* Organizational DUNS:092530369	
* Legal Name: Regents of the University of California	, Los Angeles			Pr	
Department:	Division:			L'ILCE!	
* Street1: Office of Contract and Grant Administration	Street2: 11000 Kinro	ss Avenue, Suite 10	2	CIVED	
▼ City: Los Angeles	County: Los Angeles	County	" Stat	e; CA: California OCT	
Province:	* Country: USA: UNI	TED STATES	* 21P	e: CA: California OCT / Postal Code: 90095 2 /2008	
Person to be contacted on matters involving this appl	ication			/ Postal Code: 90095 2 2008 STATE CLEAR/Autix: HOUSE	
Prefix: * First Name:	Middle Na	ime:	* Last Name:	LAR/Appliax:	
Ms. Martha			Hansen	HOUSE	
Phone Number: 310-794-0236	Fax Number: 310-94	3-1655	Email	; ocga2@research.ucla.edu	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) 0 .956006143	or (TIN):	7. TYPE OF APP H; Public/State		on of Higher Education	
8. TYPE OF APPLICATION: New		Other (Specify):	- A		
O Resubmission O Renewal O Continuation	O Revision	O Women Owne		ess Organization Type  O Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es).		9. NAME OF FEI	DERAL AGENCY:	The state of the s	
O.A. Increase Award O.B. Decrease Award O.	C Incresses Duration	Chicago Service			
O D. Decrease Duration O E. Other (specify):	o. moreoda baration	10. CATALOG OF 81.049	FEDERAL DOME	STIC ASSISTANCE NUMBER:	
Is this application being submitted to other agencies What other Agencies?		TITLE: Continuation	n of Solicitation for	the Office of Science Financial Assistance Pro-	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJUCLA Institute for Molecular Medicine for Radiation S	Sciences				
12. * AREAS AFFECTED BY PROJECT (cities, cour N/A	nties, states, etc.)				
13. PROPOSED PROJECT:			NAL DISTRICTS		
* Start Date * Ending Date		в. * Applicant		b. • Project	
12/01/2008 11/30/2010		CA-030	<u> </u>	CA-030	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGAT					
Prefix: First Name:	Middle Na	me:	* Last Name:	Suffix:	
Dr. Michael	E.	0 <b>-</b> 00-00-0	Phelps		
Position/Title: Professor / Chair	Organization Name		versity of California	, Los Angeles	
Department: Inst for Molecular Medicine	Division: David Geffe				
Street1: 10833 Le Conte Avenue	Street2: 23-136 CHS				
* City: Los Angeles	County: Los Angeles	Server Control of the	* State	e: ·	
Province: * Country: U		USA: UNITED STATES		* ZIP / Postal Code: 90095	

RECEIVED

\* Email: mphelps@mednet.ucla.edu

SEP 2 9 2008

OFFICE OF CONTRACT AND GRANT ADMINISTRATION

\* Phone Number: (310) 825-6539

Fax Number: (310) 825-6267

## SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING	CESS?	ATION SUBJECT TO REVIEW BY STATE EXEC			
a, * Total Estimated Project Funding \$5,738,000.	a. YES	THIS PREAPPLICATION/APPLICATION WAS MA STATE EXECUTIVE ORDER 12372 PROCESS F	OR REVIEW ON:		
b. " Total Federal & Non-Federal Funds \$5,738,000.		06/2008			
c. * Estimated Program Income \$0.00		PROGRAM IS NOT COVERED BY E.O. 12372; O	R		
_	, ,				
	0	PROGRAM HAS NOT BEEN SELECTED BY STA	TETOR REVIEW		
18. By signing this application, I certify (1) to the sand accurate to the best of my knowledge. I also award. I am aware that any false, fictitious, or ficode, Title 18, Section 1001)  The list of certifications and accurances, or an Internet site where	so provide the required as: fraudulent statements or c	surances * and agree to comply with any resulti aims may subject me to criminal, civil, or admi	ing terms if I accept an		
19. Authorized Representative	you may obtain (ms iizi, is contained	in the announcement of agency specific repositions.			
Prefix: * First Name:	Middle Name:	* Last Name:	Suffix:		
Ms. Martha		Hansen			
* Position/Title: Contract and Grant Officer	* Organization Name: Rege	nization Name: Regents of the University of California, Los Angeles			
Department: Office of Contract & Grant Adm	Division:				
" Street1: UCLA Office of Contract & Grant Adm	Street2: 11000 Kinross Aver	: 11000 Kinross Avenue, Suite 102			
* City: Los Angeles	County: Los Angeles	* State: CA: California			
Province:	Country: USA: UNITED ST	ATES * 2IP / Postal Code: 90095-1406	·		
* Phone Number: 310-794-0236	Fax Number: 310-943-1655	* Email: ocga2@researd	h.ucla.edu		
<ul> <li>Signature of Authorized Repres</li> </ul>	entative	* Date Signed			
Martha Hansen		06/06/2008			
20. Pre-application File Name: Mime Type:					
21. Attach an additional list of Project Congression	nal Districts If needed.				
File Name: Mime Type:					

	•				OMB Number: 4040-0004 Expiration Date: 01/31/2009
Application for	Federal Assis	tance	SF-424	<b></b>	Version 02
*1. Type of Submiss  Preapplication  Application  Changed/Corrects		<b>⊘</b> New	tinuation	* If Revision, select appropriate letter(s):  Other (Specify)	•
* 3. Date Received:		4. Appl	cant Identifier:		
Completed by Grants.gov	upon submission.				
5a. Federal Entity Ide	entifier:		· · ·	* 5b. Federal Award Identifier:	
State Use Only:	V Trepuspusania A.			-	
6. Date Received by	State:		7. State Application	identifier:	
8. APPLICANT INFO	PRMATION:			· · · · · · · · · · · · · · · · · · ·	
*a. Legal Name: C/	ALIFORNIA PUBL	IC UTILIT	TES COMMISSION		
* b. Employer/Taxpay	er identification N	umber (E	IN/TIN):	* c. Organizational DUNS:	
d. Address:					
* Street1: Street2; * City: County;	San Francisco				
* State: Province: * Country: * Zip / Postal Code:	94102			CA: California SA: UNITED STATES	
e. Organizational U					
Department Name:	UTILITIES CO		· · · · · · · · · · · · · · · · · · ·	Division Name:  Consumer Protection&Safety Div	
f. Name and contact	t information of p	person to	be contacted on	natters involving this application:	
Prefix: Mr. Middle Name: Stape * Last Name: Stape Suffix:			* First Nar		
Title: Program Mana	ager				
Organizational Affiliati	lon:		V Comment of the Comm		
* Telephone Number:	213-576-7019			Fax Number:	
* Email: RST@cpu	ıc.ca.gov				

Application for Federal Assistance SF-424	Version 0
9. Type of Applicant 1: Select Applicant Type:	
A: State Government	The second secon
Type of Applicant 2: Select Applicant Type:	RECEIVED
	OCT 2-2008
Type of Applicant 3: Select Applicant Type:	2 2000
* Other (epecify):	STATE CLEARING HOUSE
10. Name of Federal Agency:	
Pipeline &Hezardous Material Safety Administration	
11. Catalog of Federal Domestic Assistance Number:	
20.700	
CFDA Title:	
Pipeline Safety	,
* 12. Funding Opportunity Number:	
PHMSA-BASEGRANT-NG-2009	].
* Title:	J
PHMSA Base Grant (Natural Gas)	
13. Competition Identification Number:	
Title:	•
*	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
44 Degraph to Title of Applicable Portrait	
* 15. Descriptive Title of Applicant's Project:	
CALIFORNIA PUBLIC UTILITIES COMMISSION Pipeline Safety Program	

						OMB Number: 4040-0 Expiration Date: 01/31/2
Application for	Federal Assista	nce SF-424				Version
16, Congressional L * a. Applicant 12				* b. Program/Project	CA-ALL	
Attach an additional	list of Program/Projec	t Congressional District	s If needed.			
		Add Attachment	Delete Atlacho	nent View Attachment		
17. Proposed Proje	ct:		-			
a. Start Date: 01/	01/2009			*.b. End Date:	12/31/2009	
18. Estimated Fund	ling (\$):					
* a. Federal		2,114,440.80		A Control of the Cont	10.53,000.010	VOID 0.000 DV 00 V
* b. Applicant		0.00				
⁼ c. State		528,610,20				
* d. Local		0.00				
* e. Other		0.00		,		
*f. Program Income		0.00				
* g. TOTAL		2,643,051.00				
* 20. Is the Applica Yes  21. *By signing this herein are true, coromply with any remay subject me to	No rapplication, I certify mplete and accurate sulting terms if I ac	planation  y (1) to the statements to the best of my knowed and award. I am a	contained in towledge. I also	xplanation.)  he list of certifications** a o provide the required ass false, fictitious, or fraudu itle 218, Section 1001)	surances** and a	agree to
The list of certifical apacific instructions.		i, or an internet site whe	ere you may ob	ain this list, is contained in I	the announcemen	it or agency
Authorized Repres	entative:					
Prefix: Mr.		* Firet N	ame: Sunil	_		
Middle Name:						
* Last Name: Sho	ri					
Suffix:						
*Title: Utilities En	gineer					
* Telephone Number	: 415-703-2407	·		Fax Number: 415-703-189	91	
* Email: SKS@cp	Ųc,ca.gov					
* Signature of Author	rized Representative:	Completed by Grants.gov	upon submission.	* Date Signed: Complete	d by Grants.gov upon	submission.

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB	MITTED		Applicant Identifier Bowers 20090407			
THE RESIDENCE AND COMPANY OF THE SAME OF T							
SF 424 (R&R)	3. DATE RECEIVED BY STATE			State Application Identifier			
1. TYPE OF SUBMISSION	4. Federal Ide	entifler					
Pre-application Application Changed/Corrected Application							
5. APPLICANT INFORMATION		* Organizati	onal Di	JNS: 094878394			
* Legal Name: The Regents of the University of Californ	nia						
Department; Office of Research	Division: S	ponsored Projects					
* Street1: 3227 Cheadle Hall	Street2:						
The state of the s	anty:			State: CA: Californ			
Province:	Country: JNIT	ED \$1 * ZIP / Postal Cod	le: 931	08-2050			
Person to be contacted on matters involving this applica	tion						
Prefix: First Name:	Middle Name:			Name: Şuffix:			
Mr. Kevin			Stewa				
* Phone Number: 805-893-4034 F	ax Number: 80	5-893-2611	E	mall: stewart@research.ucsb.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICANT:					
95-6006145W		H; Publica	State C	ontrolled Institution of Higher Education			
8. TYPE OF APPLICATION: V: New		Other (Specify):					
Resubmission Renewal Continuation	Revision	Women Owned	Small	Business Organization Type  Socially and Economically Disadvantaged			
If Revision, mark appropriate box(es).		9. * NAME OF FEDERA	L AGEN	ICY:			
A. Increase Award B. Decrease Award E. C. Inc	crease Duration	Chicago Service Center					
D. Decrease Duration 🔝 E. Other (specify).		10. CATALOG OF FEDI	ERAL D	OMESTIC ASSISTANCE NUMBER:			
* Is this application being submitted to other agencies?	Yes No√	81.049					
What other Agencies?		TITLE: Office of Scien	ce Final	ncial Assistance Program			
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	T:			T RECEIVED			
Center on Materials for Energy Efficiency Applications				0.000			
12. AREAS AFFECTED BY PROJECT (cities, countle	es, states, etc.)			001 2 2008			
Santa Barbara County				STATE CLEARING HOUSE			
13. PROPOSED PROJECT:		14. CONGRESSIONAL	DISTRI	CTS OF:			
Start Date Ending Date    05/01/2009   04/30/2014	<del></del> 1	a. * Applicant CA-023		b. " Project CA-023			
				CA-023			
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Profix: * First Name;	R CONTACT INF Middle Name;	ORMATION	- Last 1	Name; Suffix:			
Dr. John	E.		Bowers				
Position/Title: Professor	• Organizatio	on Name: The Regents of	of the Un	iversity of California			
Department: Electrical & Comp Engr Division:							
* Street1; ESB 2221C Street2:							
* City: Santa Barbara Cou	ınty;		-	State: CA: Californ			
Province:	Country: JNIT	ED \$7 * ZIP / Postal C	Code:	93106-9560			
Phone Number: 805-893-8447 Fa	x Number; BD5	-893-3262	- Er	mail: bowers@ece,ucab,edu			

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE Page 2

16. ES IMATED PROJECT FUNDING		1	17. * IS APPLICATION ORDER 12372 PRO		V BY STATE EXECUTIVE
a. * Total Estimated Project Funding	25,000,000.00 26,580,743,00		- AVAILABLE	APPLICATION/APPLIC TO THE STATE EXE FOR REVIEW ON:	ATION WAS MADE CUTIVE ORDER 12372
c. " Estimated Program income	0.00		DATE: 10/02/2008		
			. NO 🗌 PROGRAM	I IS NOT COVERED B	Y E.O. 12372; OR
			PROGRAN REVIEW	I HAS NOT BEEN SEL	ECTED BY STATE FOR
18. By signing this application, I certrue, complete and accurate to the resulting terms if I accept an away criminal, civil, or administrative of a lagree.  *The list of cartifications and assurances	he best of my kno ard. I am aware th ponalties. (U.S. Co	owiedge. I also j at any false, flo ode, Title 18, Se	provide the required litious, or fraudulent ection 1001)	assurances ° and agi statements or claims	ree to comply with any may subject me to
19. Authorized Representative					
Prefix: First Name:	N	liddle Name:		* Last Name;	Sufflx:
Mr. Kevin				Stewart	
* Position/Title: Sponsored Projects O	fficer	* Organization	: The Regents of the	University of California	
Department: Office of Research		Division:	Sponsored Projects		
* Street1: 3227 Cheadle Hall		Street2:			
* City: Santa Barbara	Coun	ty:		" State: CA:	Califori
Province:	• •	ountry: JNITEI	D ST ZIP / Postal	Code: 93106-2050	
Phone Number: 605-893-4034	Fax N	lumber: 805-89	03-2611	* Email: proposa	le@research.ucsb.edu
* Signature of Author	ized Representat	ivo.		* Date Sign	neri
Completed on submit	•		Ç	plasimdus no betelqmo	
20. Pre-application				Dele	ie Atlachment View Atlachment
21. Attach an additional list of Proje					
		Oelete A	tlache ant View Attach	oment	

OMB Number: 4040-0001 Expiration Date: 04/30/2008

APPLICATION FOR						Version 7/03			
FEDERAL ASSISTANC	Ε		2. DATE SUBMITTED 09/30/2008		Applicant Identifier Copperopolis Fire Protection District				
1. TYPE OF SUBMISSION:			3. DATE RECEIVED BY STATE		State Applicat				
Application	Pre-applic		4. DATE RECEIVED BY FEDERAL AG		NCY Federal Identi	fier			
Construction	Consti				.NOT   Federal Identiti				
Non-Construction 5. APPLICANT INFORMATIO		nstruction							
Legal Name:				Organizationa	I Unit:				
Copperopolis Fire Protection D	District			Department: Copperopolis Fire Protection District					
Organizational DUNS: 158321054		Beend brown	Francis II II III III	Division:					
Address:		HE(	SEIVED	Name and telephone number of person to be contacted on matters					
Street: 370 Main st		003	involving this application (give area code)			a code)			
		001	7 2008	Prefix:	First Name: Keith				
City: Copperopolis				Middle Name					
County:		STATE C	EARING HOUSE	Last Name Cantrell					
Calaveras State:	Zip Code	CONTRACTOR OF THE PARTY OF THE	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OWNER	Suffix:					
State: CA	95228			650000000000000000000000000000000000000					
Country: USA				Email: cfpd1@caltel.e	com				
6. EMPLOYER IDENTIFICAT	ON NUMBER	R (EIN):		Phone Numbe	Γ (give area code)	Fax Number (give area code)			
94-169851	1			209.785-2393		209.785-2423			
8. TYPE OF APPLICATION:				7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)			
If Revision, enter appropriate le		Continuation	n Revision	G. Special Dis	trict				
(See back of form for description	on of letters.)	(es)	П	Other (specify)	Other (specify)				
					9. NAME OF FEDERAL AGENCY: USDA Rural Development				
10. CATALOG OF FEDERAL	DOMESTIC	ASSISTANC	E NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
TITLE (Name of Program): Community Facilities Loans			Copperopolis Fire Protection District Station 1 Expansion. Construction of new facilities for apparatus, and renovation of existing fire station to accommodate additional staff.						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):									
Copperopolis, Calaveras, CA									
13. PROPOSED PROJECT Start Date: Ending Date:				a. Applicant	SSIONAL DISTRICTS	OF: b. Project			
09/25/2008	01/01/2			District 3		District 3			
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
a. Federal	\$		405.050	a Vac IV Th	IIS PREAPPLICATION	VAPPLICATION WAS MADE			
b. Applicant	\$		495,950	,,,,	AILABLE TO THE STA ROCESS FOR REVIEW	ATE EXECUTIVE ORDER 12372			
• • • • • • • • • • • • • • • • • • • •			0 .						
c. State	5		0	DA	TE:				
d. Local	\$		0	b. No. III PF	ROGRAM IS NOT COV	ERED BY E. O. 12372			
e. Other	\$		0 .		R PROGRAM HAS NO DR REVIEW	T BEEN SELECTED BY STATE			
f. Program Income	\$		0 .00			NT ON ANY FEDERAL DEBT?			
g. TOTAL	\$	-	495,950	☐ Yes If "Yes	" attach an explanation	. 🛭 🗸 No			
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF	Y AUTHORIZ	ED BY THE	GOVERNING BODY O	PPLICATION/PRE F THE APPLICAN	APPLICATION ARE T T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE			
a. Authorized Representative	First Nome				Middle News				
Prefix Chief	First Name Keith	; 			Middle Name				
Last Name Cantrell				Suffix					
b. Title Fire Chief					c. Telephone Number (give area code) (209) 785-2393				
d. Signature of Authorized Representative					e. Date Signed 09/29/2008				
Previous Edition Usable		- X			Standard Form 424 (Rev.9-2003)				
Authorized for Local Reproduct	ion					Prescribed by OMB Circular A-102			

\* Phone Number: 858-455-3902

Fax Number:

OMB Number: 4040-0001

Expiration Date: 04/30/2008

\* Email: ben.russ@gat.com

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

G.A.

Page 2

10-08-2008

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION S ORDER 12372 PROC	UBJECT TO REVIEW BY STAT ESS?	TE EXECUTIVE		
a. * Total Estimated Project Funding b. * Total Federal & Non-Federal Funds	22,734,822.00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:				
c. * Estimated Program Income	0.00	DATE: 10/08/2008  b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR  PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
18. By signing this application, I cer true, complete and accurate to t resulting terms if I accept an aw criminal, civil, or administrative    * I agree*	he best of my knowledge. I also ard. I am aware that any false, fi penalties. (U.S. Code, Title 18,	provide the required as ctitious, or fraudulent st Section 1001)	ssurances * and agree to com tatements or claims may subj	ply with any ect me to		
19. Authorized Representative Prefix: * First Name:	Middle Name:		* Last Name:	Suffix:		
Ms. Ramona	Middle Name;		Gompper	Sullix.		
* Position/Title: Senior Contract Admi	nistrator "Organization	on; General Atomics				
Department: Contracts and Purcha	sing Division:					
* Street1: 3550 General Atomics	Court Street2:					
* City: San Diego Province:		ED ST * ZIP / Postal Co				
* Phone Number: 858-444-3057	Fax Number:		* Email: ramona.gompper@	gat.com		
* Signature of Author	rized Representative		* Date Signed			
Completed on submi	ssion to Grants.gov	Cor	mpleted on submission to Grants	s.gov		
20. Pre-application			Delete Attachm	ont View Altechmeni		
21. Attach an additional list of Proje	ect Congressional Districts if ne	eded.		=		
	CHICAGO	Attachinent View Astachin	THE STATE OF THE S			

OMB Number: 4040-0001 Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
1. TYPE OF SUBMISSION:	E OF SUBMISSION: 3. DATE RECEIVED BY		STATE	State Appli	State Application Identifier	
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ide	nilder	
Couetingtion A couetingtion			EDENGE AGENOT	1 000101100	This is a second of the second	
6. APPLICANT INFORMATION	Non-Construction				•	
Legal Name:			Organizational Uni	t;		
Shasta County			Public Works			
Organizational DUNS: 076-124-536			Division:			
Address: Street:			Name and telephor		person to be contacted on matters	
			Prefix;	First Name		
1855 Placer St.		····	Middle Name	Al	Andrea California de mar	
Redding County:			Vincent Last Name		RECEIVED	
Shasta	In		Calhey		h o m	
State: CA	Zlp Code 96001		Suffix:		OCT 1 5 2008	
Country:			Email: acalhey@co.shasta	.ca.us	STATE CLEAN	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	1	Phone Number (give		Fax Number (give area logicalSE	
94-6000535	]		530-245-6806		530-225-5667	
B. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See b	eack of form for Application Types)	
Nev  If Revision, enter appropriate felt		n 🔲 Revision	B. County			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)	, Ц		9. NAME OF FEDER USDA-Rural Develo		<i>'</i> :	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:		•	PLICANT'S PROJECT:	
		10-760			Replace Silverthorn Summer Homes	
TITLE (Name of Program):			Water Distribution S	iyalem		
12. AREAS AFFECTED BY PR						
Silverthom Summer Homes Sub	od, Shasta County Service	e Area No. 6				
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	IAL DISTRICT	rs OF:	
July 2009	October 2009		2		2	
16. ESTIMATED FUNDING:			ADDED 44474 BBA	0000	TO REVIEW BY STATE EXECUTIVE	
a. Federal \$		802,000	A Van IT THIS PI	REAPPLICATI	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372	
b. Applicant \$	•	.00	AVAILABLE TO THE STATE EXECUTIVE ORDE PROCESS FOR REVIEW ON			
c. State \$	-	. 00	DATE:	10/15/08		
d. Local \$		.00	b. No. ID PROGR	AM IS NOT C	OVERED BY E. O. 12372	
e. Other		.00	☐ OR PRO	GRAM HAS I	NOT BEEN SELECTED BY STATE	
f. Program Income §		.00	17. IS THE APPLIC		JENT ON ANY FEDERAL DEBT?	
g. TOTAL §		000 000	Yes if "Yes" alla	h an aynlans	ion, 🛭 Na	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF.	902,000 ALL DATA IN THIS APP				
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF T	HE APPLICANT AN	D THE APPLI	CANT WILL COMPLY WITH THE	
Authorized Representative     Prefix	First Name		KAIAAI	e Name		
Prefix Mr.	First Name Patrick		J.			
Last Name Minlurn			Šuffix			
b. Tille Director of Public Works		c. Telephone Number (give area code) 530-225-5661				
d. Signalure of Authorized Repre	sentative			le Signed		
					200	

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